| PATENT APPLICATION FEE DETERMINATION RECOI                               |  |   |               |                                   |                     |                  |     | Application or Docket Number  10649319 |                         |                        |                               |                     |                        |  |  |
|--|--|---|---------------|-----------------------------------|---------------------|------------------|-----|--|-------------------------|------------------------|-------------------------------|---------------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |               |                                   |                     |                  |     | SMALL ENTITY TYPE                      |                         |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |  |
| TOTAL CLAIMS   |  |   | 20            |                                   |                     |                  |     | RATI                                   | E                       | FEE                    | 1                             | RATE                | FEE                    |  |  |
| FOR 4  |  |   | NUMBER FILED  |                                   | NUMBER EXTRA        |                  |     | BASIC I                                | FEE                     | 385.00                 | OR                            | BASIC FEE           | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ൂ 0 minus 20= |                                   | •                   |                  |     | X\$ 9=                                 |                         |                        | OR                            | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 =   |                                   | *                   |                  |     | X43=                                   |                         |                        | OR                            | X86=                |                        |  |  |
| ML   | ILTIPLE DEPEN                                  | IDENT CLAIM PI                                  | RESENT        |                                   |                     | +145             |     |  |                         |                        | OR                            | +290=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |               |                                   |                     |                  |     | TOTA                                   |                         | 385                    | OR                            | TOTAL               |                        |  |  |
| 7-21-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)     |  |   |               |                                   |                     |                  |     | SMALL ENTITY                           |                         |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT                |               | HIGH<br>NUME<br>PREVICE<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT |  | =                       | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| E  | Total  | . 16  | Minus         | S **                              |                     | =                |     | X\$ 9:                                 | 11                      |                        | OR                            | X\$18=              |                        |  |  |
| REP  | Ind pendent                                    | . 2   | Minus         | *** 3                             | 3                   | =                |     | X43=                                   |                         |                        | OR                            | X86=                |                        |  |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                   |                     |                  |     | +145                                   | _                       |                        |                               | +290=               | -                      |  |  |
| •  |  |   |               |                                   |                     |                  |     | 101                                    |                         |                        | OR                            | TOTAL               |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |               |                                   |                     |                  |     |  | ADDIT. FEEOR ADDIT. FEE |                        |                               |                     |                        |  |  |
| MENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |               | HIGH<br>NUMI<br>PREVIO<br>PAID    | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | -   | RATE                                   |                         | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | *   | Minus         | **                                |                     | =                |     | X\$ 9:                                 | =                       |                        | OR                            | X\$18=              |                        |  |  |
| ARE  | Independent                                    | *   | Minus         | ***                               | CI 4114             | <u> -</u>        |     | X43=                                   | -                       |                        | OR                            | X86=                |                        |  |  |
| Ļ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                   |                     |                  |     |  | =                       |                        | OR                            | +290=               |                        |  |  |
|  |  |   |               |                                   |                     |                  |     | TOT<br>ADDIT. F                        |                         |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |               |                                   |                     |                  |     |  |                         |                        |                               |                     |                        |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |               | NUMI<br>PREVIO<br>PAID            | BER                 | PRESENT<br>EXTRA |     | RATE                                   | =                       | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | •   | Minus         | **                                | _                   | = .              |     | X\$ 9=                                 | = ]                     |                        | OR                            | X\$18=              |                        |  |  |
| <b>AME</b>   | independent                                    | *   | Minus         | ***                               |                     | =                |     | X43=                                   |                         |                        | OR                            | X86=                |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                   |                     |                  |     |  | ┈╢                      |                        |                               |                     |                        |  |  |

OR ADDIT. FEE

OR

+145=

TOTAL

+290=

TOTAL

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* ADDIT. FEE \_\_\_\_\_\_OR ADDIT.

\*\*\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.